Xerox Docket No. D/A3578



As the low names eventor, I hereby declare that:

My resident post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYST	<u>EMS AND METH</u>	<u>ODS FOR ORGAN</u>	<u>IZING IMAGE DATA I</u>	NTO REGIONS	
descril Check		•			
		ttached hereto.	s Application No.	and amended on	(if applicable)
	I hereby state th	nat I have reviewed a	and understand the conten	its of the above-identified spec	ification, including the
claims		ny amendment referr			
applica	7, Code of Federal ation(s) and/or Uni	Regulations, §1.56. ited States provisions	Under Title 35, U.S. Coal application(s) filed by	on known to me to be material de §119, the priority benefits on me or my legal representatives	of the following foreign
			None		
United foreign	d States of America	either (a) more than	ent or inventor's certificat n one year prior to this ap States provisional applica None	e on this invention were filed plication, or (b) before the filir tion(s):	in countries foreign to the ag date of the above-named
applica		t the following as more all business in the		full power of substitution and	revocation to prosecute this
	Kevin F Nola M James A	F. Chapuran R. Kepner ae McBain A. Oliff	Reg. No. 31,342; Reg. No. 26,402; Reg. No. 32,145; Reg. No. 35,782; Reg. No. 27,075;	Elizabeth F. Harasek Eugene O. Palazzo Mario A. Costantino Joel S. Armstrong Christopher W. Brown	Reg. No. 28,850; Reg. No. 20,881; Reg. No. 33,565; Reg. No. 36,430; Reg. No. 38,025;
		P. Berridge	Reg. No. 30,024;	Richard E. Rice	Reg. No. 31,560;
		. Hudson	Reg. No. 27,562;	Paul Tsou	Reg. No. 37,956; and
		s J. Pardini l P. Walker	Reg. No. 30,411; Reg. No. 31,450;	Eric D. Morehouse	Reg. No. 38,565.
		A. Miller	Reg. No. 32,771;		
	RIDGE, PLC, P.C). BOX 19928, ALE	XANDRIA, VIRGINIA	PPLICATION SHOULD BE A 22320, TELEPHONE (703	8) 836-6400.
that th impris	of my own knowle ese statements wer conment, or both, u	edge are true and tha re made with the kno nder Section 1001 of	t all statements made on sowledge that willful false	tents of this Declaration, and to information and belief are beling statements and the like so made ates Code and that such willful	eved to be true; and further de are punishable by fine or
1	Typewritten Fu	ll Name			
	of First or Sole Inventor		Donald	J.	CURRY
			Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:		Donal		Curry
3	**DATE OF SIGNATURE:		2	11	2004
	-		Month	Day	Year
	Residence:	San M		California	U.S.A.
	Citizenship:	Cir United States	ту	State or Province	Country
	Citizensinp.	Post Office Addre	ss:		
		(Insert complete	333 Leland Av	enue	
		mailing address,			· · · · · · · · · · · · · · · · · · ·
		including country	Menlo Park. C.	alifornia 94025. USA	

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

Page 2 OF U.S.A. DECLARATION FORM

(Discard this page in a sole inventor application)

1	Typewritten F	'ull Name			
	of Second Joi	nt Inventor (if any)	Asghar		NAFARIEH
			Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:		ails m	1	
3	**DATE OF SIGNATURE:		Tel		2004
3	DATEOF		Month	Day	Year
	Residence:	Menlo Park	Ca	lifornia	U.S.A.
	Residence.	City	State or Province		Country
	A	United States	State	of I tovinee	Country
	Citizenship:	Post Office Address:			
		(Insert complete	525 Morey Drive		
		mailing address,	323 Moley Bilve		
		including country)	Menlo Park, Californ	ia 94025, USA	
1	Typewritten Full Name				
	of Third Joint Inventor (if any)		Doron		KLETTER
			Given Name	Middle Initial	Family Name
2	**INVENTO	**INVENTOR'S SIGNATURE:		Kletter	
3	**DATE OF SIGNATURE:		Feb	11	2004
	2111201		Month	Day	Year
	Residence:	Menlo Park	Ca	lifornia	U.S.A.
	City		State or Province		Country
	Citizenship: United States Post Office Address:		State		Country
		(Insert complete	20 Turtle Bay Place		
		mailing address,			
	including country)		San Mateo, California 94402, USA		
1	Typewritten Full Name				
	of Fourth Join	nt Inventor (if any)			
			Given Name	Middle Initial	Family Name
2	**INVENTO	R'S SIGNATURE:			
3	**DATE OF	SIGNATURE:			
			Month	Day	Year
	Residence:				
	City		State or Province		Country
	Citizenship:				
		Post Office Address:			
		(Insert complete			
		mailing address,			
_		including country)			
1	Typewritten Full Name of Fifth Joint Inventor (if any)				
	of Fifth Joint I	nventor (if any)	Given Name	Middle Initial	Family Name
_			Given Name	Middle Initial	Family Name
2	**INVENTOR	R'S SIGNATURE:			
3	**DATE OF S	IGNATURE:			
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			State or Province		Country
	Citizenship:				
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		mailing address, including country)			
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This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of At